

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No: 10/715,667

Applicants: David J. COSMAN, Bruce A. MOSLEY, ~~Timothy A. BIRD~~, Robert F. DUBOSE, and Steven R. WILEY

Filing Date November 14, 2003

Title: HEMATOPOIETIN RECEPTORS ~~HPR1 AND HPR2~~

Docket No.: 3160-C

Mail Stop MISSING PARTS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Prior to the examination of the above-identified patent application, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 7 of this paper.

PATENT APPLICATION



FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: 3160-C

Serial No. 10/715,667	Filing Date November 14, 2003	Examiner Not assigned	Group Art Unit Not assigned
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In Re Application of David J. Cosman et al.

For HEMATOPOIETIN RECEPTORS HPR1 AND HPR2

TO THE COMMISSIONER FOR PATENTS:

- Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- One month of original due date (\$110.00)
 - Two months of original due date (\$420.00)
 - Three months of original due date (\$950.00)
 - Four months of original due date (\$1,480.00)
 - Five months of original due date (\$2,010.00)
- A response in connection with the matter for which this extension is requested:
- is filed herewith.
 - has been filed.
 - The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- The accompanying papers include amended claims for which no additional fee is required.
- The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	16	Minus	=	0	x \$18	= \$ 0.00
Indep. Claims	3	Minus	=	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$290 = 0.00
Total Additional Fee for this Amendment						\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

- The following other fees are incurred by the accompanying papers.
- Other:
- Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$110. A duplicate copy of this petition is attached.
- If an additional extension of time is required, please consider this a request therefore.
- The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

Immunex Corporation
Law Department
1201 Amgen Court West
Seattle, Washington 98119-3105
(206) 265-7000



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Date: April 12, 2004